



**PATIENT**

Mocha Lowenhar

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11Y, 4M

**WEIGHT**

8.2lbs

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Four Paws Hollistic Vet  
 NY

**REFERRING VET**

Dr. Edoff

**INVOICE**

75075

**DATE**

5-20-26

**PRESENTING CLINICAL SIGNS**

Chronic vomiting, mid abdominal thickening palpation. Meds: Cisapride, Lactulose, Maropitant PRN, Note Gallbladder sludge on 2023 ultrasound

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.4 cm in length.

**Adrenal Glands**

The adrenal glands were overtly normal in size, position, and shape. The right adrenal gland measured 0.32 cm. The left adrenal gland measured 0.33 cm.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and without evidence of retained ingesta, fluid, or foreign material. The pylorus wall measured 0.29 cm. The ventral gastric body wall measured 0.23 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.20 cm. The duodenum wall measured 0.21 cm.



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Normal visible colon wall layers were present with formed feces in lumen.

Mocha Lowenhar

**Pancreas**

**SPECIES**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Sonographically normal gastrointestinal tract.

FS

- Normal pancreas.

**AGE**

- Normal liver/gallbladder.

11Y, 4M

- Age related renal changes.

**WEIGHT**

- Mild urine sediment.

8.2lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

No evidence of significant visceral pathology, specifically no evidence of gastrointestinal mural pathology or evidence of pancreatitis. No evidence of neoplastic criteria.

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In addition to current empirical therapy, canned bland or hydrolyzed diet trial and omeprazole 1mg per kg PO SID as needed may prove beneficial.

**IMAGING PERFORMED BY**

Three-view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult disease as a contributing factor may be considered.

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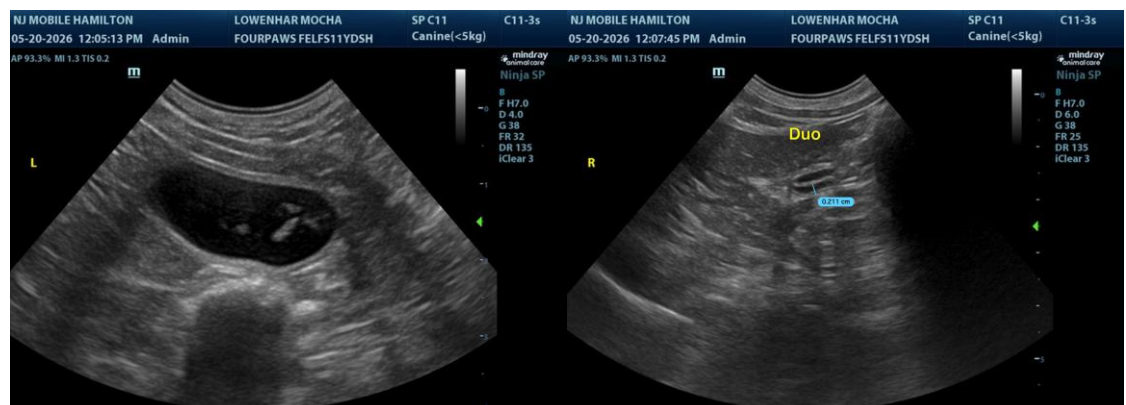
Dr. Edoff

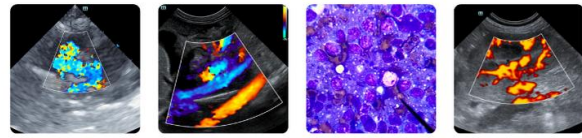
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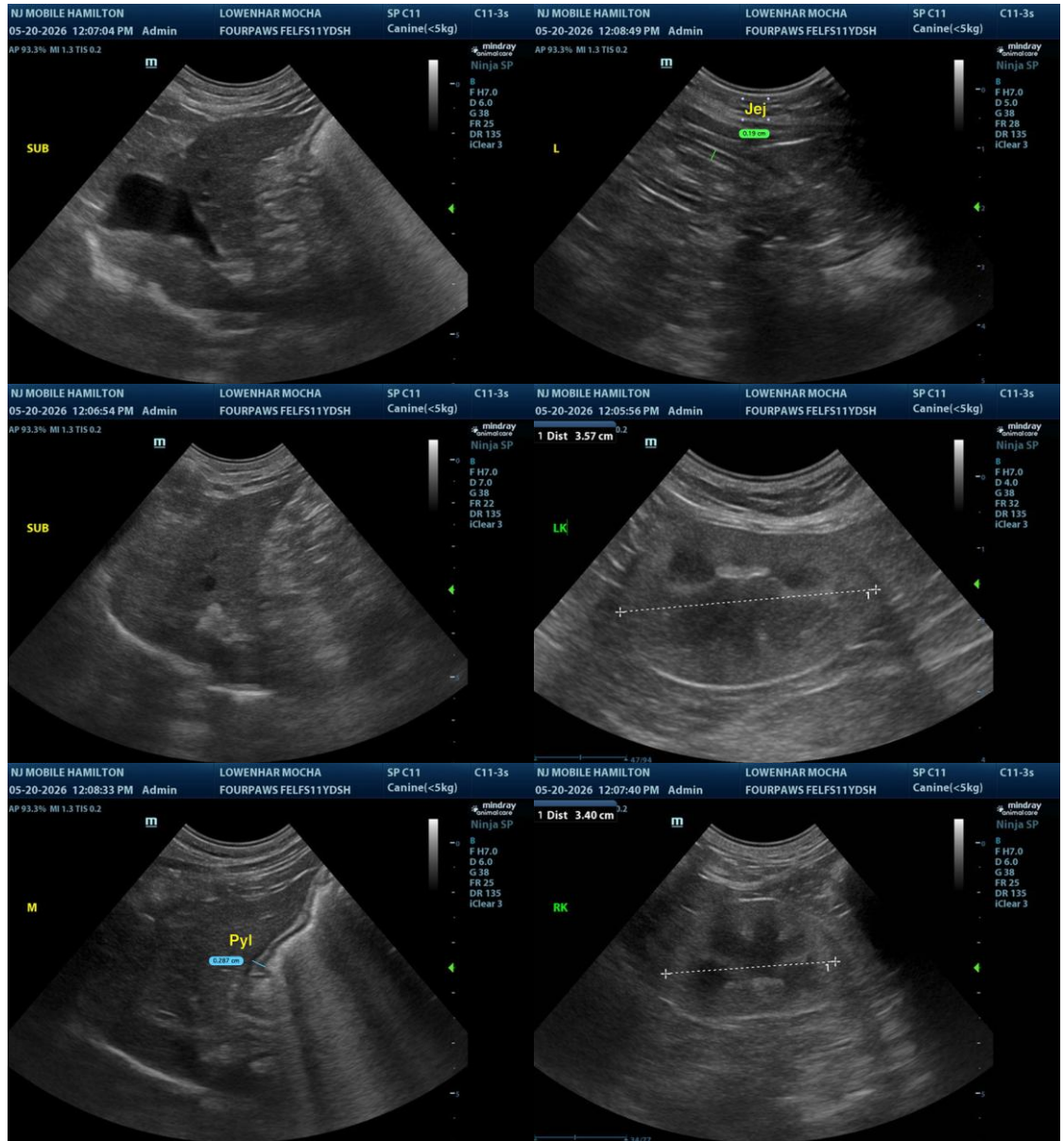
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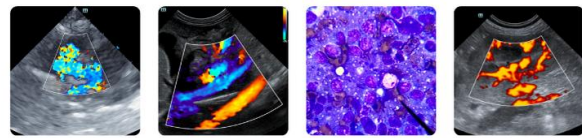
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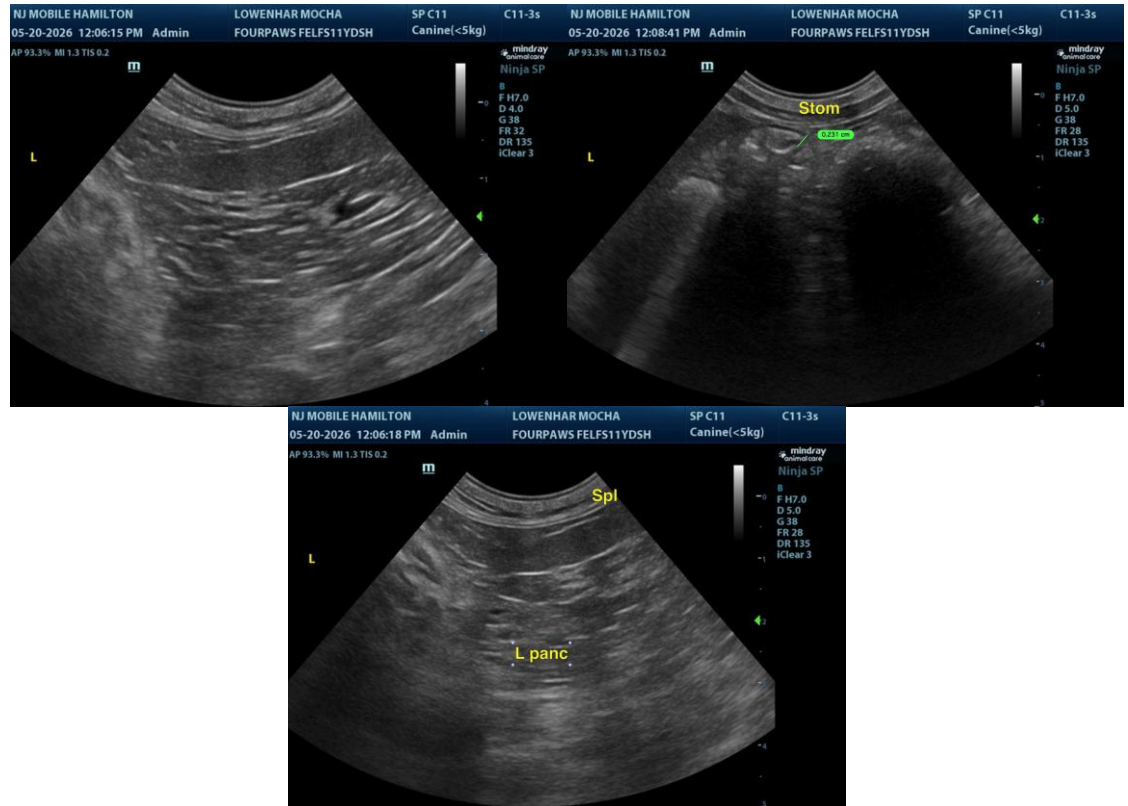
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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